



STATE OF CONNECTICUT  
DEPARTMENT OF AGRICULTURE  
Bureau of Aquaculture and Laboratory



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**APPLICATION FOR LONG TERM SEED OYSTER TRANSPLANT (RELAY) LICENSE I-B  
FOR PROHIBITED AND CONDITIONALLY RESTRICTED-RELAY (CLOSED) AREAS**

( ) Interstate ( ) Intrastate

**Six (6) Month Minimum Purification Period**

Connecticut License No: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Print Name to Appear on License)

Address: \_\_\_\_\_  
(Street) (City, State, Zip Code)

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Business / Emergency

**PART I - SEE OYSTERS REMOVED FROM:**

City/Town

Lot / Lease Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seed Oysters Purchased: \_\_\_\_ Yes \_\_\_\_ No

**PART II - SEED OYSTERS RELAYED TO:**

City/Town

Lot/Lease Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purification Period of 6 Months Minimum.**

**This license allows the harvesting of seed oysters submarket size, predominately 2.75 inches or smaller when taken from areas classified as Prohibited or Conditionally Restricted-Relay (Closed).**

**This license does not allow the harvesting of Clams, Mussels and Scallops.**

Are any seed oysters listed in Part I brought to shore: \_\_\_\_ Yes \_\_\_\_ No  
If "Yes," please complete Part IV

Shellfish placed in/on: bags, rafts, racks containers, bottom (**circle those that apply**).

Design and material submitted and approved by DA/BA: \_\_\_\_ Yes \_\_\_\_ No

PART III. - BOAT IDENTIFICATION:

A recent photograph of each boat must  
accompany this application.

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- I. Name \_\_\_\_\_ Registration No \_\_\_\_\_  
Color \_\_\_\_\_ Size \_\_\_\_\_ Make \_\_\_\_\_  
Marine head with discharge \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Documented \_\_\_\_\_  
Captain \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Owner/Other Information \_\_\_\_\_
2. Name \_\_\_\_\_ Registration No \_\_\_\_\_  
Color \_\_\_\_\_ Size \_\_\_\_\_ Make \_\_\_\_\_  
Marine head with discharge \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Documented \_\_\_\_\_  
Captain \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Owner/Other Information \_\_\_\_\_

Part IV. - WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE.

- I. Name of individual/Company transporting shellfish listed in Part I. \_\_\_\_\_
2. Location of Landing/Loading Docks. \_\_\_\_\_  
(Name of Dock) (Street) (Town) (State)
3. Vehicle to be used for transporting \_\_\_\_\_  
(Type, make, color, year)
4. Expected dates of start and completion of the landing/loading operations. \_\_\_\_\_  
(Be specific - extensions can be applied for if needed)
5. Location of Receiving Point for shellfish transported in Vehicle noted in #3. \_\_\_\_\_  
(Name of Dock) (Street) (Town) (State)
6. IF SHELLFISH ARE TO BE STORED AT THIS LOCATION (Noted in #5) RATHER THAN LOADED ON BOAT FOR IMMEDIATE DELIVERY TO WATERS LISTED IN PART II, PLEASE NOTE AREA, METHOD AND LENGTH OF STORAGE. \_\_\_\_\_  
(Area and Method of Storage) (Expected length of Storage)

7. SECURITY PROVIDED: \_\_\_\_\_

I declare that I have legal authority to transplant (relay) shellfish from/to areas indicated and that I will conform to all agreed to licensed activities, regulations and statutes. I understand that any person making a written false statement on this application shall be subject to arrest as provided for in Section 53A- 157 of the Connecticut General Statutes.

President/Owner if different from above: \_\_\_\_\_

Applicant \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_